



**MIKE DeWINE**  
\* OHIO ATTORNEY GENERAL \*



Ohio Peace Officer Training Commission  
Office 800-346-7682  
Fax 740-845-2675

P.O. Box 309  
London, OH 43140  
www.OhioAttorneyGeneral.gov

**RECEIVED**

By Judith Wilson at 7:29 am, Aug 29, 2016

**NOTICE OF PEACE OFFICER APPOINTMENT**

1. Within ten days of the appointment or status change, submit one copy of this form either by email, fax or mail.
2. Type or print legibly and complete all blanks. Enter N/A if not applicable.
3. Submit pages 1 and 2 when an officer is newly-appointed to your agency, or has previously left the agency and returns.
4. Submit only page 1 when an officer continues to be appointed by your agency, but has a change from one status, as listed in Box 15, to a different status.
5. Enter any necessary information for a Correction to Record, submitting all affected pages, and attach a letter explaining the requested change.

<b>OFFICER INFORMATION</b>		1. Name (Last) <u>Schilling</u> (First) <u>Richard</u> (Middle) <u>H</u>		2. Social Security Number <u>[REDACTED]</u>
3. Previous Name(s) or Alias (Last) <u>N/A</u> (First) <u>[REDACTED]</u> (Middle) <u>[REDACTED]</u>				
4. Birth date (mm/dd/yyyy) <u>11 16 1967</u>		5. Email Address <u>[REDACTED]</u>		6. Phone Number <u>[REDACTED]</u>
7. Home Mailing Address (#/Street/PO Box) <u>[REDACTED]</u> (City) <u>[REDACTED]</u> (State) <u>[REDACTED]</u> (Zip Code) <u>[REDACTED]</u> (County Name) <u>[REDACTED]</u>				
8. Basic Training Academy (Academy Name) <u>[REDACTED]</u> (Academy Number) <u>[REDACTED]</u> (Dates of Training) <u>[REDACTED]</u> (Only complete if this is the officer's first appointment or OSP)				

<b>AGENCY INFORMATION</b>		9. Agency Name <u>Amsterdam Village Police</u>	
10. Agency Email Address <u>AmsterdamPD24@yahoo.com</u>		11. Agency Phone Number <u>740-543-3797</u>	
12. Agency Mailing Address (#/Street/PO Box) <u>103 Springfield St. PO Box 115</u>		(City) <u>Amsterdam</u>	(Zip Code) <u>Oh 43903</u> (County Name) <u>[REDACTED]</u>

<b>APPOINTMENT INFORMATION</b> (Complete Date, Status and ORC)		13. New Appointment Date <u>16 Aug 16</u>	14. Status Change Date <u>16 Aug 16</u>
15. Select New Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Auxiliary <input type="checkbox"/> Reserve <input checked="" type="checkbox"/> Special <input type="checkbox"/> Seasonal			
16. Select New ORC			
<input type="checkbox"/> City Full-Time/Part-Time (737.02)		<input type="checkbox"/> City Auxiliary/Reserve/Special (737.051)	
<input checked="" type="checkbox"/> Village Full-Time/Part-Time/Special (737.16)		<input type="checkbox"/> Village Auxiliary/Reserve (737.161)	
<input type="checkbox"/> Township Police Officer (505.49)		<input type="checkbox"/> Township Constable (509.01)	
<input type="checkbox"/> Other - List ORC/Charter <u>[REDACTED]</u>		<input type="checkbox"/> Other Chief - List ORC/Charter <u>[REDACTED]</u>	
<input type="checkbox"/> Deputy Sheriff (311.04)		<input type="checkbox"/> Sheriff (311.01)	

<b>ATTESTATION OF REPORTING AUTHORITY</b>		I have carefully read this document and fully understand its contents and I sign it of my own free will and volition. I attest that the information provided on this document is true and correct and is based on my personal knowledge or inquiry. I further understand and acknowledge that submission of falsified records is a criminal violation.	
17. Signature of Reporting Authority <u>[Signature]</u>	18. Printed Name and Title <u>David F. Cimperman Jr. Chief of Police</u>	19. Date <u>16 Aug 16</u>	
20. Signature of Witness <u>[Signature]</u>	21. Printed Name (First, Middle, Last) <u>Jack J. Justus</u>	22. Date <u>16 Aug 16</u>	

Officer Name (Last)

(First)

(Middle)

Social Security Number

Schilling

Richard

H

**23. OATH OF OFFICE**

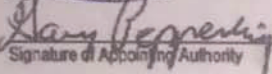
I do solemnly swear or affirm that I will support the Constitution and Laws of the United States of America, the Constitution and Laws of the State of Ohio, and Laws and Ordinances of the political subdivision to which I am appointed and to the best of my ability will discharge the duties of this office.



Signature of Appointee

Gary Pepperling

Name of Appointing Authority (Typed or Printed Legibly)



Signature of Appointing Authority

Mayor, Village of Amsterdam

Title of Appointing Authority (Typed or Printed Legibly)

**OHIO PEACE OFFICER APPOINTMENT HISTORY**

Please list all prior appointments. Use additional copies of page 2, as needed, to list the entire appointment history.

24. Appointed By (Agency Name and County):

Cmha Police Dept

25. From(mm/dd/yyyy):

Nov 16 2000

To(mm/dd/yyyy):

07 13 2013

26. Appointment Status (Check Appropriate Box)

☒ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

27. Appointed By (Agency Name and County):

28. From(mm/dd/yyyy):

To(mm/dd/yyyy):

29. Appointment Status (Check Appropriate Box)

☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

30. Appointed By (Agency Name and County):

31. From(mm/dd/yyyy):

To(mm/dd/yyyy):

32. Appointment Status (Check Appropriate Box)

☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

33. Appointed By (Agency Name and County):

34. From(mm/dd/yyyy):

To(mm/dd/yyyy):

35. Appointment Status (Check Appropriate Box)

☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

36. Appointed By (Agency Name and County):

37. From(mm/dd/yyyy):

To(mm/dd/yyyy):

38. Appointment Status (Check Appropriate Box)

☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

39. Appointed By (Agency Name and County):

40. From(mm/dd/yyyy):

To(mm/dd/yyyy):

41. Appointment Status (Check Appropriate Box)

☐ Full-Time ☐ Part-Time ☐ Auxiliary ☐ Reserve ☐ Special ☐ Seasonal

This form may be emailed to: [SF400@ohioattorneygeneral.gov](mailto:SF400@ohioattorneygeneral.gov)